# FORM D

03004548

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**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED

**OMB APPROVAL** 

OMB Number: 3235-0076

Expires: May 31, 2005 Estimated average burden hours per response . . . 1.00

0000 15 10		f <sup>p</sup>				
Name of Offering Torrey International S			and name has char	nged, and indi	cate change.)	1-51964
Filing Under (Check bo	x(es) that apply):	☐ Rule 504	☐ Rule 505	<b>⊠</b> Rule 5	506 ☐ Sectio	n 4(6) ULOE
Type of Filing:	New Filing	ΠА	mendment			
		A. BA	SIC IDENTIFICATION	N DATA		
Enter the information re	quested about the is	suer				
Name of Issuer Torrey International S			dment and name has	s changed, an	d indicate change.)	)
Address of Executive C 505 Park Avenue, Fift			y, State, Zip Code)		Telephone Numb (212) 644-7800	per (Including Area Code)
Address of Principal Bu (if different from Execut			, City, State, Zip Coo	ie)	Telephone Numb	per (Including Area Code)
Brief Description of Bus A private investment than dinancial markets	fund whose objectiv		•		• •	ly in non-U.S. securities
Type of Business Orga ☐ corporation	nization	☐ limited pa	artnership, already fo	ormed	☑ other (pleas company	se specify): limited liability
business trust	İ	□ limited pa	artnership, to be forn	ned		PROCESSED
Actual or Estimated Da  Jurisdiction of Incorpora		(Enter two-lette	Month/Year 03/2002 er U.S. Postal Servica; FN for other foreig		n for State:	JAN 1 7 2003
					· · · · · · · · · · · · · · · · · · ·	THOMSON

## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, it received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

FINANCIAL

#### A. BASIC IDENTIFICATION DATA 2 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner ■ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Torrey Associates, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 505 Park Avenue, Fifth Floor, New York, New York 10022 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) James A. Torrey Business or Residence Address (Number and Street, City, State, Zip Code) c/o Torrey Associates, LLC, 505 Park Avenue, Fifth Floor, New York, New York 10022 □ Beneficial Owner □ Director □ General and/or Check Box(es) that Apply: ☐ Promoter ☑ Executive Officer Managing Partner Full Name (Last name first, if individual) Mager, Ezra P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Torrey Associates, 505 Park Avenue, Fifth Floor, New York, New York 10022 9509 X Executive Officer Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Prezant, William A. Business or Residence Address (Number and Street, City, State, Zip Code) 6560 SW McCarren Boulevard, Reno, Nevada 8 □ Director Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner □ General and/or Managing Partner Full Name (Last name first, if individual) Bickford, Jewelle W. (Number and Street, City, State, Zip Code) Business or Residence Address 1251 Avenue of the Americas, New York, New York 10020 □ Beneficial Owner □ Director Check Box(es) that Apply: ☐ Promoter X Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Piller, Gretchen C.

(Number and Street, City, State, Zip Code)

**Business or Residence Address** 

505 Park Avenue, Fifth Floor, New York, New York 10022

#### A. BASIC IDENTIFICATION DATA (Continued) Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner **X** Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Mulligan, William G. Business or Residence Address (Number and Street, City, State, Zip Code) 26 West 17th Street, Suite 801, New York, NewYork 10011 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Clark, Jeffrey D. Business or Residence Address (Number and Street, City, State, Zip Code) One Praesideo Place, Suite 200, 1590 West Park Circle, Pleasant View, Utah 84414 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ■ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Herbert Bearman Foundation** Business or Residence Address (Number and Street, City, State, Zip Code) 23 Wally Court, Lutherville, Maryland 21093 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Director □ General and/or □ Executive Officer Managing Partner Full Name (Last name first, if individual) E. Thomas Harvey trustee for E. Thomas Harvey Business or Residence Address (Number and Street, City, State, Zip Code) c/o HDC Inc., 29 East Commons Blvd., New Castle, Delaware 19720 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ■ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ■ Executive Officer ☐ Director □ General and/or Managing Partner

(Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

**Business or Residence Address** 

	<del> </del>			В.	INFORM	ATION AE	BOUT OF	FERING	•		<del></del>	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.								Yes	No IXI			
2. What is the minimum investment that will be accepted from any individual?								_	00,000			
	Issuer is pa		ries of fund	ds. The m	inimum ap	plies to a p	potential i	nvestor's a	iggregate i	nvestment		
	vithin the se Does the offe		joint owne	rship of a s	single unit?.							No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any									any			
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the										the		
	offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are											
	ssociated pe											
	lame (Last r <b>ential Secu</b>				ina Agent	<b>"</b> \						
Busin	ess or Resi	dence Ado	dress (Num	ber and S	treet. City.	State, Zip	Code)					
	New York P				ew York 1	0004						
ivanie	e di Associa	lea broke	or Dealer									
State	s in Which F	Person Lis	ted Has So	olicited or	Intends to	Solicit Purc	chasers					
	•		" or check i		-							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]X	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	lame (Last r	name first,	if individua	al)								
Rusin	ess or Resi	dence Ado	dross (Num	her and S	Street City	State Zin	Code	<del>_</del>				
Dusin	1033 01 11031	dence Add	11633 (14011	iber and c	otieet, Oity,	Otate, Lip	Code					
Name	e of Associa	ted Broke	r or Dealer									
State	s in Which F	Person Lis	ted Has So	olicited or	Intends to	Solicit Purc	chasers					
	(Check "	All States'	' or check i	ndividual	States)							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	lame (Last r	name first,	if individua	al)								
Desain	Di	d Add	/NI	-h	the of City	Ot-1- 7:-	0-4-1					
Busin	ess or Resi	aence Aad	aress (Num	nber and S	street, City,	State, Zip	Code					
Name	of Associa	ted Broke	r or Dealer			<del></del>						
State	s in Which F	Person Lis	ted Has So	olicited or	Intends to	Solicit Purc	chasers			<del></del>		
							All States					
[AL]	(AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] {RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [W]]	[OR] [WY]	[PA] [PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	offered for exchange and already exchanged.  Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	<u>0</u>	\$	<u>o</u>
	Equity:	\$	<u>o</u>	\$	<u>0</u>
	☐ Common ☐ Preferred	^		•	•
	Convertible Securities (including warrants):  Partnership Interests		<u>0</u>		<u>0</u>
	Other (Specify: limited liability company interests (the "Interests"))		_	•	4,665,90 <u>0</u>
	Total				4,665,900
	Answer also in Appendix, Column 4, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		<u>45</u>	\$	<u>4,665,900</u>
	Non-accredited Investors		<u>o</u>	\$	<u>o</u>
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 3, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.  Type of offering		Type of		Dollar Amount
			Security	_	Sold
	Rule 505		<u>None</u>	\$ \$	<u>0</u>
	Regulation ARule 504		<u>None</u> None	\$	<u> </u>
	Total		None	\$	Ō
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		X	\$	0
	Printing and Engraving Costs		×	\$	2,500
	Legal Fees		XI XI	\$ \$	<u>35,000</u> <u>7,500</u>
	Engineering Fees		_  X	\$	0
	Sales Commissions (specify finders' fees separately)		<u> </u>	\$	<u>(р) о</u>
	Other Expenses (identify filing fees)		×	\$	<u>5,000</u>
	Total		X	\$	50,000

and not dedicated from the investor's subscription amount.

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

4.	l. b. Enter the difference between the aggregate offering price given in response to	o Part C - Question
	1 and total expenses furnished in response to Part C - Question 4.a. This differer	nce is the "adjusted
	gross proceeds to the issuer."	

999,950,000

Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes below. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjustment gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Payment Officers Directors Affiliate	s, s, &			Payments to Others
Salaries and fees	X	\$	<u>0</u>	X	\$	<u>o</u>
Purchase of real estate	X	\$	<u>0</u>	X	\$	<u>0</u>
Purchase, rental or leasing and installation of machinery and equipment	X	\$	<u>0</u>	X	\$	<u>0</u>
Construction or leasing of plant buildings and facilities	X	\$	<u>0</u>	X	\$	<u>o</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	X	\$	<u>0</u>	X	\$	<u>0</u>
Repayment of indebtedness	X	\$	<u>0</u>	X	\$	<u>0</u>
Working capital	X	\$	<u>0</u>	X	\$	<u>0</u>
Other (specify): Portfolio Investments	X	\$	<u>0</u>	X	\$	999,950,000
Column Totals	X	\$	<u>0</u>	X	\$	999,950,000
Total Payments Listed (column totals added)	X	\$ <u>999,950,000</u>			<u>00</u> ]	

# D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (F	Print or Type)			
Torrey I	nternational	Strategy	Partners.	LLC

Signature

Name (Print or Type) James A. Torrey

Title of Signer (Print or Type)

Managing Member

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)